



STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY
EMPLOYER ACCOUNTS OPERATIONS
220 FRENCH LANDING DRIVE
NASHVILLE, TENNESSEE 37243

FAX 615-741-7214

ELECTRONIC FUNDS TRANSFER AGREEMENT

Employer Name: _____

State UI Account Number: _____

Federal EIN: _____

Contact Person: _____

Telephone Number: _____

E-mail Address: _____

Fax Number: _____

This is an agreement between the Tennessee Department of Labor and Workforce Development (hereinafter "TDLWD") and _____ (hereinafter "the Employer"), entered into this on this the _____ day of _____, _____ pursuant to the provisions of TCA §50-7-404, Rule 0560-2-1 et. seq.

TDLWD and the Employer agree as follows:

1. The TDLWD authorizes the Employer to transmit electronically using the Automated Clearing House (ACH), unemployment insurance premiums (hereinafter "Funds"), due quarterly to the Department by the Employer.
2. The premium due dates will remain the same with regard to interest. TDLWD must receive the funds by the due date or appropriate interest will be assessed.
3. It is the responsibility of the Employer to transmit funds so as to be received by TDLWD's bank by the due date.
4. This Agreement will be effective beginning _____ quarter/year.

Employer or Agent
Signature _____

Employer or Agent
Telephone Number _____

Employer or Agent
Name Printed _____

TDLWD Official
Signature _____

Title _____

Title _____

Date _____

Date _____